

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SCALE NO. 10/553210
FILING DATE

CLAIMS

	AS FILED		AFTER AMENDMENT		AFTER AMENDMENT			AS FILED		AFTER AMENDMENT		AFTER AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2			6		6		52						
3			6		6		53						
4			6		6		54						
5			6		6		55						
6			6		6		56						
7			6		6		57						
8			6		6		58						
9			6		6		59						
10			6		6		60						
11			6		6		61						
12			6		6		62						
13			6		6		63						
14			6		6		64						
15			6		6		65						
16	1		1	0	1		66						
17			6		6		67						
18			6		6		68						
19			6		6		69						
20			6		6		70						
21			6		6		71						
22			6		6		72						
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24			6		6		74						
25			6		6		75						
26			6		6		76						
27			6		6		77						
28			6		6		78						
29			6		6		79						
30			6		6		80						
31			6		6		81						
32			6		6		82						
33			6		6		83						
34			6		6		84						
35			6		6		85						
36			6		6		86						
37			6		6		87						
38			6		6		88						
39			6		6		89						
40			6		6		90						
41			6		6		91						
42			6		6		92						
43			6		6		93						
44			6		6		94						
45			6		6		95						
46			6		6		96						
47			6		6		97						
48			6		6		98						
49			6		6		99						
50			6		6		100						
TOTAL NO.	2		4		4		TOTAL NO.			4		4	
TOTAL DEP.	19	←	19	←	19	←	TOTAL DEP.			4	←	4	←
TOTAL CLAIMS	1	→	1	→	1	→	TOTAL CLAIMS			1	→	1	→

PTO-1360 (REV. 9-83)

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